NHS Quality Improvement Scotland

Eating Disorders in Scotland

A Patient's Guide

This document is largely based on the National Institute for Clinical Excellence 2004 document 'Understanding NICE guidance: a guide for people with eating disorders, their advocates and carers, and the public'. NHS QIS is grateful to NICE for their kind permission to use this material.

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Introduction

Eating Disorders in Scotland is a report produced by NHS Quality Improvement Scotland (NHS QIS) which makes recommendations for identification, management and treatment of eating disorders in adults, adolescents and children. The recommendations were developed by a group of healthcare professionals and public partners from across Scotland.

This report covers the care of people with anorexia nervosa, bulimia nervosa, or other related (or 'atypical') eating disorders (mainly binge eating disorder). In general, eating disorders develop over time, sometimes over years, and often at a point when life brings fear and insecurity.

The information that follows tells you about the content of the NHS QIS recommendations. A glossary is included at the end.

What is anorexia nervosa?

Anorexia nervosa is an illness in which people keep their body weight low by dieting, vomiting, or excessively exercising. Central to the illness is anxiety about body shape and weight that originates from a fear of being fat or from wanting to be thin. How people with anorexia nervosa see themselves is often at odds with how they are seen by others, and they will usually challenge the idea that they should gain weight. People with anorexia nervosa can see their weight loss as a positive achievement that can help increase their confidence and self-esteem. It can also contribute to a feeling of gaining control over body weight and shape.

Anorexia nervosa is, however, a serious condition that can cause severe physical problems because of the effects of starvation on the body. This can lead to loss of muscle strength and reduced bone strength. In older girls and women their periods often stop. Men can suffer from a lack of interest in sex or impotency.

The illness can affect people's relationships with family and friends, causing them to withdraw; it can also have an impact on how they perform at school or in the workplace. The seriousness of the physical and emotional consequences of the condition is often not acknowledged or recognised, and people with anorexia nervosa often do not seek help.

Anorexia nervosa in children and young people is similar to that in adults in terms of its psychological characteristics. However, children and young people may, in addition to being of low weight, also be smaller than other people their age, and slower to develop.

What is bulimia nervosa?

Bulimia nervosa is an illness in which people feel that they have lost control over their eating. As in anorexia nervosa, they evaluate themselves according to their body shape and weight. Indeed in some instances (although not all), bulimia nervosa develops out of anorexia nervosa. People

with bulimia nervosa are caught in a cycle of eating large quantities of food (called 'binge eating'), and then vomiting, taking laxatives and diuretics (called 'purging'), or excessive exercising and fasting, in order to prevent gaining weight. This behaviour can dominate daily life, and lead to difficulties in relationships and social situations. Usually people hide this behaviour from others, and their weight is often normal. People with bulimia nervosa tend not to seek help or support very readily.

People with bulimia nervosa can experience swings in their mood, and feel anxious and tense. They may also have very low self-esteem, and may try to hurt themselves by scratching or cutting. They may experience symptoms such as tiredness, feeling bloated, constipation, abdominal pain, irregular periods, or occasional swelling of the hands and feet. Excessive vomiting can cause problems with the teeth, while laxative misuse can seriously affect the heart.

Bulimia nervosa in children and young people is rare, although young people may have some of the symptoms of the condition.

What other eating disorders are there?

Atypical eating disorders including binge eating disorder may affect more than half of people with an eating disorder. These conditions are called 'atypical' eating disorders because they do not exactly fit the description of either anorexia nervosa or bulimia nervosa. People may have some of the symptoms of anorexia nervosa and bulimia nervosa (such as dieting, binge eating, vomiting, and a preoccupation with food), but not all; or they may have symptoms that fall between anorexia nervosa and bulimia nervosa; or they may move from one set of problems to another over time. Many people with an atypical eating disorder have suffered with anorexia nervosa or bulimia nervosa in the past. Of the atypical eating disorders, most is known about the treatment of binge eating disorder (BED). With BED, people have episodes of binge eating, but do not try to control their weight by purging. A person with BED may feel anxious and tense, and their condition may have an

effect on their social life and relationships.

Atypical eating disorders in children and young people are thought to be quite common, although little is known about binge eating disorder in this age group.

Children and young people and their families

If you are a child or young person with an eating disorder, most of your care should be the same as for anyone else with an eating disorder. It should, however, take into account your age, circumstances and level of development.

The main difference is that involving your family members in your treatment can be helpful. You and your family together should be offered meetings with healthcare professionals. You should also be offered your own private meetings with a healthcare professional. Your family should normally also be told about your progress in treatment.

If you are very ill it may be necessary for you to be treated in a hospital. If you are admitted to a hospital, then it should be in a unit with experience of treating people of your age group. You should expect to receive treatment in a hospital close to where you live.

Once you have returned to a healthy weight, your doctor should make sure that you have a diet that provides the extra energy you need, to grow and develop through childhood and adolescence. If you are a young girl and your weight is low, you are at risk of losing strength in your bones. The best way to deal with this is by eating healthily, not by taking hormone supplements, which may do harm. Your family members should also be included in any discussions or advice about diet and planning meals. Having anorexia nervosa can seriously disrupt your education and social life; the healthcare professionals looking after you should not neglect your educational and social needs while making sure you get the best treatment.

In some situations consent is needed for treatment to start. This means that you and your parents, or guardians, have to agree to treatments being given to you. If you do not wish to receive certain treatments, your doctor should write this down in your notes.

Are you caring for someone with an eating disorder?

When someone has an eating disorder, this can be difficult for all other members of his or her family and immediate circle. As a family member, partner or carer, you may consider asking for help from a healthcare professional or support group. You can be advised how to help the person with an eating disorder accept that there is a problem and understand what role you may play in their care and treatment. You should be given information about treatments and how to talk about this information to the person with the eating disorder. You should also receive support as a family to help you understand and cope with the problems – not because you or your family may have caused or contributed to the development of the problem, but because you are all a key part of the recovery process.

Different patients presenting with similar symptoms and weight levels can have very different care needs and their treatment goals, duration and outcomes may differ greatly. Because of this, your care should be tailored to your own needs and involve the healthcare professionals who can best support you.

If you move to another area to attend university or take up employment arrangements should be in place to avoid disruption to your care and loss of contact.

Will good information and support be available?

Whatever the nature of your eating problem, the development of a trusting and supportive relationship between you and the professionals that work with you is central to treatment. You should be given information and support that can help you, and your family or carers, understand your problems better. Many people with eating disorders have concerns about getting help and this can sometimes make treatment difficult. Healthcare professionals will normally be aware of these problems and may want to discuss them with you. Besides providing information about eating disorders and the treatments available, healthcare professionals should also tell you and your family about self-help groups and support groups for people with eating disorders and how to contact them. When you are offered any treatment, you should be given information about the illness and the treatment before the treatment starts.

Will my confidentiality be maintained?

Rules of confidentiality apply in consultations between people with eating disorders and healthcare professionals in the same way as for all patients but these disorders often involve issues of medical safety and it would be unreasonable not to share risks with those in a caring role. Healthcare professionals need to be sensitive to this, while maintaining the patient's confidentiality. Rarely there are circumstances where, in the interests of patients, (for example when they are in a life threatening state and

refusing treatment) it would be appropriate to breach confidentiality and involve carers without the consent of patients.

The Mental Welfare Commission has issued guidance on confidentiality. This is available at **www.mwcscot.org.uk**

What is the role of the GP and the primary care team?

Your GP, working with members of the primary healthcare team, such as the practice nurse or community dietitian, will often play an important part in first identifying your problems and will continue to be involved in your treatment and care. Your GP is often the first person in the health service you will see about your eating problems. This first contact can be very difficult as it may be hard for you to talk about your condition. People who suspect they may have an eating disorder may find it difficult or embarrassing to admit to the problem, seek help or talk about their symptoms to a healthcare professional. They may fear they will be criticised or treated unsympathetically. They may have heard about other people's bad experiences of treatment, or be afraid of being treated against their will. Your GP should understand and be sensitive to these concerns and may want to discuss them with you.

Your GP may be able to help by asking a few simple questions. The signs of an eating disorder that your GP will look for include:

- low weight for your age, or recent significant loss of weight
- excessive concern about your weight
- if you are a woman, problems with your periods
- vomiting that has no other obvious explanation.

Your GP may ask to weigh and measure you and do some blood tests, if you are agreeable to this.

Is early identification important?

If your GP thinks you may have an eating disorder, the first

step will often be an assessment and possible treatment by a person with special experience of caring for people with eating disorders. This should happen at the earliest opportunity and should include a comprehensive assessment of your medical, psychological and social needs, any psychological or physical risks that you may be facing, and whether any urgent action is needed.

How will my health be monitored?

Usually your GP will co-ordinate your care with other specialists as necessary. As you progress through treatment, your GP should continue to monitor your medical and psychological needs.

Diabetes and eating disorders

You should have intensive and regular health checks if you have diabetes and an eating disorder, because you are at high risk of problems with your eyes and other serious complications.

Pregnancy and eating disorders

If you are pregnant and have an eating disorder, you should be carefully monitored throughout your pregnancy and after giving birth.

Osteoporosis and eating disorders

If you have an eating disorder and osteoporosis or other bone disorder, healthcare professionals should advise you to avoid physical activities that may lead to falls.

Use of laxatives

If you are taking excessive amounts of laxatives, you should be advised to reduce gradually your use of them. You should be told that using laxatives does not significantly decrease the number of calories that your body absorbs.

Reducing dental problems

If you are vomiting regularly you can seriously damage your teeth and gums. Your healthcare professional should discuss dental hygiene with you, and advise you to:

- avoid brushing your teeth after vomiting
- rinse with a non-acid mouthwash after vomiting
- avoid acidic foods such as fruit, fruit juice, carbonated drinks, pickled products, yoghurt, and some alcoholic drinks
- visit your dentist regularly.

What support and treatment should I be offered if I have anorexia nervosa?

This section explains what treatment you can expect in general, whether you are treated as an outpatient, as an inpatient in a hospital, or in a day unit. It also covers what to expect after being discharged from hospital and the treatment that should be available for children and young people with anorexia nervosa.

Your care should include:

- good general supportive care
- appropriate psychological treatments
- good medical care
- good nutritional care.

What is meant by psychological treatments?

Psychological treatments involve a series of meetings in which a healthcare professional works with a patient on their own, with a group of other patients with similar conditions, or together with their family to help deal with the eating problem. There are a number of different kinds of psychological treatments adapted for anorexia nervosa, which include:

- cognitive analytic therapy (CAT)
- cognitive behaviour therapy (CBT)
- interpersonal therapy (IPT)
- focal psychodynamic therapy
- family therapy.

Further information about these approaches is given in the glossary. Your preferences should be a key factor in choosing a treatment.

What about my physical health?

You can become very physically unwell with anorexia nervosa, particularly if your weight is very low and/or you are rapidly losing weight. The healthcare professional responsible for your care should discuss the risks with you and monitor your health. Sometimes you may need to see a specialist, such as a physician or paediatrician, and you may need

extra tests and treatment. If you are pregnant and have, or have had, anorexia nervosa you may also need extra physical health checks.

You may also be treated with multivitamin or multimineral supplement tablets while in inpatient or outpatient care.

May I be asked to take medication?

You may be prescribed medication to help with your anorexia nervosa, but this should not be the only or main treatment that you receive. You should also be informed about the side effects of any medication, and a note should be placed in your medical records about the possibility of such side effects. If you have an eating disorder together with depression or a condition called obsessive–compulsive disorder, you may find that these other conditions get better as your eating problems improve.

People with anorexia nervosa can be more at risk of certain kinds of heart disease and you may need an electrocardiograph (usually shortened to ECG) to test that your heart is working as it should. This is particularly important when you are taking medication. Some drugs should be avoided or only used with great care in people with anorexia nervosa because of the side effects they may cause. These include antipsychotic drugs, some drugs used to treat depression (particularly a type called tricyclic antidepressants), and some types of antibiotics and antihistamines.

Can I expect most of my treatment as an outpatient?

You should expect that most of your treatment will be as an outpatient. The person who treats you should be competent and experienced in giving this type of treatment. Advice that is just about your diet and food is not an effective treatment for anorexia nervosa when used on its own and this should not be the only treatment you are offered.

If you are not getting better or if your condition is getting worse, you may be offered different or more intensive

treatments. Such treatment could be on your own or with your family.

If you have had anorexia nervosa for a long time, but are not under the care of a hospital service for people with anorexia nervosa, you should be offered an annual physical and psychological check-up by your GP.

What may happen to me if being an outpatient doesn't work?

Day hospital care, more intensive home based care or inpatient care may be recommended if your physical health is very poor or if you are felt to be at risk of harming yourself in some way. You may also be asked to consider going to hospital if you have not improved as expected or are getting worse despite a good deal of treatment. If you have inpatient treatment, you should be cared for in a unit that has experience of and expertise in caring for people with eating disorders. You should expect to receive inpatient treatment within reasonable travelling distance of where you live.

You should be admitted to a unit that is skilled in increasing people's nutritional intake. You should be closely monitored in the first few days while this is happening. Inpatient treatment for anorexia nervosa should also consist of a structured psychological treatment that will help you to gain weight. This should focus on your eating habits, your attitudes to your weight and shape, and your thoughts and feelings about gaining weight. Your physical health will be closely monitored as well.

If you are a child or adolescent and require intensive treatment then your admission to a child or adolescent psychiatric in patient or day patient unit with expertise in eating disorders should be arranged. You should not be admitted to a general paediatric ward or an adult psychiatric ward.

Can I refuse to be an inpatient?

Yes but if you are severely ill and refuse treatment that is considered essential, you may be admitted to a hospital for compulsory treatment. This is commonly known as being 'sectioned' or 'detained' under the Mental Health (Care and Treatment) (Scotland) Act 2003. (See the glossary for further information.)

If, as a young person with an eating disorder, you refuse treatment for this that is considered to be essential, it may be possible for your parents, your guardian or your doctor to overrule your decision. If the situation is thought to be very serious, then it is possible for you to be treated without your or your parents' consent under the Mental Health (Care and Treatment) (Scotland) Act 2003. If you refuse treatment that your doctor considers to be essential, then treatment can be given under the Mental Health Act. This is known as a Compulsory Treatment Order. There is an application process that your doctor would need to go through for this to happen and you and your parents would be fully informed about this and would also have the right to appeal against this.

Can I be fed against my will?

If you become very ill you could be fed against your will. This happens very rarely and will take place only if absolutely necessary. If your doctor decides that this is necessary for you, you will be told about your legal rights under the Mental Health (Care and Treatment) (Scotland) Act 2003. Because this treatment is highly specialised, it should only be carried out in units where staff have specialist knowledge and experience of this procedure.

What happens to me after being in hospital?

Once you are well enough to leave hospital, you should be offered psychological treatment that again focuses on your eating behaviour, attitudes to weight and shape, and wider psychological and social issues.

What support and treatment should I be offered if I have bulimia nervosa?

This explains what you can expect from the general treatment you will receive, either as an outpatient or as an inpatient. It describes the psychological treatment, medicines, and medical care you can expect. It also explains to carers and family members the treatment they can expect for young people with bulimia nervosa.

What is psychological treatment?

Psychological treatments involve a series of meetings in which a healthcare professional works with a patient on their own, with a group of other patients with similar conditions, or together with their family to help deal with the eating problem.

There are a number of different kinds of psychological treatments adapted for bulimia nervosa listed below:

- Self-help may be recommended by your healthcare professional as a first step in your treatment, and this may involve some relevant reading. He or she may give you support in following this programme. For some people with bulimia nervosa, particularly if you are not binge eating and purging a great deal, this may be all the treatment that you need.
- Cognitive behaviour therapy for bulimia nervosa (CBT-BN) may be offered to you if you have not benefited from self-help.
- Interpersonal therapy (IPT) may be offered to you if you have not improved after CBT-BN or do not want CBT-BN. IPT can take longer than CBT-BN to achieve comparable results.

Further information about these treatment approaches is given in the glossary. Your personal preferences should be a key factor in choosing a treatment.

What medication may I be asked to take?

As an alternative or in addition to a self-help programme, your doctor may offer you a trial of antidepressant medication.

The antidepressants known as selective serotonin reuptake inhibitors (SSRIs) – and in particular one called fluoxetine – are the ones most often chosen for treating bulimia nervosa. Antidepressants can help to reduce the number of times you are binge eating and purging, and this will probably happen soon after you have started taking the medication. Their long-term effects on your eating problems, however, are not known.

No medicines other than antidepressants are recommended for the treatment of bulimia nervosa.

How will my health be monitored?

For a small but significant number of people, bulimia nervosa can lead to serious physical problems, such as dehydration and changes in the chemical balance in your body that can result in heart and other physical problems. If you are vomiting often, or taking large quantities of laxatives, your doctor should do a blood test to check your fluid levels and chemical balance.

Can I expect most of my treatment will be as an outpatient?

The vast majority of people with bulimia nervosa do not need hospital treatment and you should expect that most of your treatment will be as an outpatient. People with additional problems, such as serious drug or alcohol misuse, are less likely to get better by just following a standard treatment and the healthcare professional may need to adapt the treatment if you also have this kind of problem.

What happens if outpatient care doesn't work?

If you are at serious risk of harming yourself physically, your healthcare professional may suggest that you go into hospital for a time or that you have more intensive outpatient care. If you are admitted to hospital, then it should be to a unit with experience of treating people with bulimia nervosa.

What can I expect if I have another type of eating disorder?

If you have an eating disorder that is not easily categorised as anorexia nervosa or bulimia nervosa (often called an atypical eating disorder), your healthcare professional should usually follow the guidance for the eating problem that is most similar to the one from which you are suffering.

There has been, however, some research into the treatment of one type of atypical eating disorder, called binge eating disorder. The rest of this section explains the psychological treatments and medicines for binge eating disorder.

What is meant by psychological treatments?

Psychological treatments involve a series of meetings in which a healthcare professional works with a patient on their own, with a group of other patients with similar conditions, or together with their family to help deal with the eating problem. There are a number of different kinds of psychological treatments adapted for binge eating disorder listed below.

Self-help may be recommended to you as a possible first step. Your GP or other healthcare professional may give you support in following it. For some people with binge eating disorder, this may be all the treatment that you need.

If you have a persistent binge eating disorder, your GP or other healthcare professional may suggest the following psychological treatments:

- cognitive behaviour therapy for binge eating disorder (CBT-BED)
- interpersonal psychotherapy (IPT)
- modified dialectical behaviour therapy (DBT).

Further information about these treatment approaches is given in the glossary. Your personal preference should be a key factor in choosing a treatment.

Your healthcare professional should tell you that all psychological treatments for binge eating disorder have a limited effect on body weight.

May I be asked to take medication?

As an alternative or additional first step to using a self-help programme or a programme to help manage your weight, your doctor may suggest that you try a drug that is usually used to treat depression. This will usually be of a type called a selective serotonin reuptake inhibitor (SSRI), such as fluoxetine. Although SSRIs can reduce binge eating, it is not known how well they work in the long term. An antidepressant on its own may be the only treatment some people with binge eating disorder need.

Can I hope that all my treatment will be as an outpatient?

You should expect that most of your treatment will be as an outpatient. Any psychological treatment that you receive as an outpatient (of the kind described above) should be provided by a person who is competent and experienced in giving this type of treatment.

What may happen if this doesn't work out for me?

The majority of people with binge eating disorder are treated as outpatients, but you may be asked to attend a specialist day unit where you can be advised about planning and eating meals.

Further questions you may want to ask about your care and treatment

This guide gives you a general introduction to the kind of support and treatment you can expect if you or a family member has an eating disorder. You may find it helpful to ask the healthcare professional responsible for your care for more detailed information, in order to be fully informed and better able to make decisions about your care and treatment.

It is understandable if you get anxious when talking to a health professional, and it is easy to forget to ask important questions about your care. The section that follows gives some examples of the kind of questions you could ask. It can help to write them down and then take them with you to your consultations, or you could take this booklet along with you.

Information about your condition

You may not be sure what type of eating disorder you have, and how it could affect you. If that is the case, you could ask:

- What kind of eating disorder do I have? or
- What does it mean for my health, daily life, work or schooling? or
- I don't really understand what the problem is. Can you explain it to me again, or in a different way?

Information about your treatment or care

For most eating disorders there is a range of effective psychological treatments and medications. This guide is about making sure you get the treatment that is best for you. This means that you should be properly informed about the kind of treatments you are being offered. You may want to consider asking the healthcare professional:

- What kind of treatment do you think will best help me with my problem?

If you are offered a particular treatment you may want to know more about it and so you could ask:

- Can you tell me in more detail what the treatment will involve? or
- Can you tell me why you have decided to offer me this type of treatment? or
- Are there other treatments that may suit me better?

If you feel that the treatment is not working as you had expected you may want to raise this with the healthcare professional providing the treatment.

You may want to consider this question:

- I am not getting better as I expected. Can we review the type of treatment that I am getting?

Some medication can have side effects, and these may be particularly important if your physical health is seriously affected by your eating disorder. You should know about these side effects.

If you are unsure you may consider asking the following questions:

- Does this medication have any side effects that could affect my physical health in any way?
- What should I do if I get any of these side effects?

Questions for families and carers

Families and other carers can play a key role in helping and supporting people with eating disorders, especially children and young people. In order to do this they need to be well informed and supported. If, as a family member or carer, you are unsure about either of these issues consider asking the following questions:

- What role can we have in helping the person with the eating disorder with their problem? or
- Can you please let us know how the treatment of the person with the eating disorder is progressing? or
- Can you advise us on the kind of support that you think we may benefit from as a family?

Further information

You have the right to be fully informed and to share in decision-making about your healthcare. If you need further information about any aspects of your eating disorder or treatment, please ask your specialist, GP or a relevant member of your healthcare team.

Useful internet sites

The following contain comprehensive and sensible information.

1. **www.b-eat.co.uk** The beat, formerly the Eating Disorders Association, site has good information about the eating disorders network in the UK and details of local self-help and support groups.
2. **www.sedig.members.beeb.net** The Scottish Eating Disorders Interest Group website.
3. **www.needs-scotland.org** The site of the North East Eating Disorders Support Scotland group, a self-help group based in Aberdeen.
4. **www.rcpsych.ac.uk** The Royal College of Psychiatrists site offers leaflets in English and Chinese for patients, their families and friends and teachers, plus links to other organisations.
5. **www.healthscotland.com** The site of NHS Health Scotland offers a number of leaflets on aspects of mental health and wellbeing, including eating disorders
6. **www.iop.kcl.ac.uk** The Institute of Psychiatry/Maudsley Hospital site has good information and downloadable PDFs on medical complications of eating disorders and is kept up to date with research development.
7. **www.something-fishy.org** is a very comprehensive site set up by a husband and wife team in America with a combination of good information, sufferers and carers stories and comments and it is regularly updated.
8. **www.girlpower.gov** is the US Department of Health and Human Services site directed particularly at adolescent young women.
9. **www.bodywhys.ie** is the eating disorders association of the Republic of Ireland and gives comprehensive information for Eire as well as good general information.
10. **www.swedauk.org** The Somerset and Wessex site shows what a local area can do with input from health, education and voluntary agencies.

11 The National Eating Disorders Organisation in the USA **www.nationaleatingdissorders.org** is also a very comprehensive site and has a particularly good handout on "what should I say tips for talking to a friend who may be struggling with an eating disorder".

12 **www.anitt.org.uk** The ANITT (Anorexia Nervosa Intensive Treatment Team) site has a detailed clinical pathway for anorexia nervosa that is downloadable in PDF format.

13 **www.nice.org.uk** Allows you to download NICE Guidelines on eating and other disorders.

Glossary: Explanation of medical and technical words

Antibiotics: a type of medicine used to treat infections caused by bacteria.

Antidepressants: medicines used to relieve the symptoms of depression. They work by increasing the activity and levels of certain chemicals in the brain that help to elevate your mood. These medicines also may be used to treat other conditions, such as obsessive-compulsive disorder, premenstrual syndrome, chronic pain and eating disorders.

Antihistamines: medicines that relieve or prevent the symptoms of hay fever and other allergies.

Antipsychotics: medicines used in the treatment of psychosis, which help to control delusions and hallucinations.

Assertive outreach services: intensive home based care

Atypical eating disorder: an eating disorder that may have some of the characteristics of anorexia nervosa and bulimia nervosa.

Cognitive analytic therapy (CAT): a psychological treatment in which a therapist works with a person to help them to make positive changes in their lives, and to build a future. This can require understanding what has prevented them from making changes in the past and improving the ways they cope with problems. CAT is 'analytic' in the sense that it explores unconscious motivations.

Cognitive behaviour therapy (CBT): a form of therapy that is designed to help people to establish links between their thoughts, feelings or actions and their current or past symptoms and to re-evaluate their perceptions, beliefs or reasoning about the symptoms. CBT should involve at least one of the following: (1) monitoring thoughts, feelings or behaviour about the symptom; (2) being helped to use different ways of coping with the symptom; (3) reducing stress.

Cognitive behaviour therapy for binge eating disorder (CBT-BED): a form of cognitive behaviour therapy especially designed for patients with binge eating disorder.

Cognitive behaviour therapy for bulimia nervosa (CBT-BN): a form of cognitive behaviour therapy especially designed for patients with bulimia nervosa. A course of CBT-BN usually involves 16–20 hour-long one-to-one treatment sessions over 4–5 months. It focuses on helping patients change their eating habits and the ways of thinking (most especially the over-evaluation of shape and weight) that maintain their eating habits.

Compulsory treatment: treatment that is carried out using the legal powers available under the Mental Health (Care and Treatment) (Scotland) Act 2003), or the authority of the court. In the case of eating disorders, compulsory treatment usually involves inpatient treatment of anorexia nervosa in adults, children and young people. In the case of children and young people compulsory treatment can take place on an outpatient basis under the parents' authority.

Dialectical behaviour therapy (DBT): a complex and intensive psychological treatment originally designed for patients with borderline personality disorder. A simplified and shortened form of the treatment has been modified for patients with bulimia nervosa or binge eating disorder. It primarily focuses on enhancing patients' emotion regulation skills and involves 20 group sessions lasting 2 hours once a week.

Dietitian: a healthcare professional who can advise you about nutrition and health, and how to manage your weight. They can also explain how eating disorders can cause damage to physical health.

Electrocardiograph (ECG): a test that records the electrical activity of the heart. It can measure the rate and regularity of the heartbeats, the presence of any damage to the heart, or the effects of drugs used to regulate the heart.

Family therapy: sessions with a family and a healthcare professional who provides support. The treatment is based on psychological principles and is most commonly used with families where a child or adolescent has an eating disorder. With eating disorders, the focus is on how the disorder is affecting family relationships. In the early stages of

treatment, it emphasises the necessity for parents to take a central role in supporting their child's efforts to eat.

Focal psychodynamic therapy: this works at identifying and focusing on a central conflict or difficulty in a person's early life that is having an impact on their current problems.

Inpatient: a person who is having tests or treatment while staying in hospital.

Interpersonal psychotherapy (IPT): a specific form of psychotherapy that is designed to help patients identify and address current interpersonal problems. It was originally developed for the treatment of depression, and has been adapted for the treatment of bulimia nervosa. In this treatment, there is no emphasis on directly modifying eating habits; rather, it is expected that they will change as interpersonal functioning improves. It usually involves 16–20 hour-long one-to-one treatment sessions over 4 to 5 months.

Mental Health (Care and Treatment) (Scotland) Act 2003: the Act sets out the circumstances in which a person with mental disorder may receive treatment or be detained on a compulsory basis and the procedures which have to be followed. The Act also gives a person with a mental disorder additional rights and safeguards.

Motivational enhancement: an approach used before or alongside other approaches which is aimed at increasing motivation to change and confidence about the possibility of change.

Outpatient: a person who has appointments at a hospital clinic but does not need to stay overnight.

Psychological treatment: Psychological treatment aims to reduce eating difficulties and other behaviours aimed at weight loss and so encourage weight stabilisation initially and weight gain in the longer term. It also aims to address the psychological difficulties that underlie the eating disorder for each individual receiving treatment.

Purging: using drugs to stimulate intestinal activity and to clear the bowels.

Sectioned: If a person has been sectioned under the Mental Health Act, they have been detained for assessment and/or treatment against their wishes. A patient who has been sectioned can expect as much care and help as anyone else, and that time will be taken to explain what is happening.

Selective serotonin reuptake inhibitors (SSRIs): antidepressant medicines that target specific chemical messengers in the brain. These drugs work by increasing the level of the chemical serotonin in the brain, which helps to alleviate the symptoms of depression.

Tricyclic antidepressants: antidepressant medicines that work in a similar way to SSRIs (see above) but may have more side effects.

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- in community languages.

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